

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14395
1982

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas C. X.		c. LENGTH OF STAY (in this place) 72 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas C. X.		3488	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Memorial Medical Center				d. STREET ADDRESS (If rural, give location) 721 Valentine Road			
3. NAME OF DECEASED (Type or Print) Charles A. Nichols		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH 4 11 53			
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH 9-14-1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BOWLING		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 83		11. BIRTHPLACE (City and State or Foreign Country) MADISON, WISCONSIN	
13a. FATHER'S NAME ROBERT J. NICHOLS		13b. MOTHER'S MAIDEN NAME CHRISTINA SKINNER		14. NAME OF HUSBAND OR WIFE JANE E. NICHOLS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-16-0558		17. INFORMANT'S SIGNATURE OR NAME MRS. ALICE N. EVERETT		ADDRESS 721 VALENTINE RD.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis (m.m.o.) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-7, 1953, to 4-11, 1953, that I last saw the deceased alive on 4-11, 1953; and that death occurred at 11:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE William Lowe Mundy (Degree or title) Dr. William Lowe Mundy MD				23b. ADDRESS 420 Professional Bldg.		23c. DATE SIGNED 4-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-14-53		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town or county) (State) KANSAS CITY Mo.	
DATE REC'D BY LOCAL REG. 4-13-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY AND CHAPEL		ADDRESS K.C., Mo.	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

2137

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.